

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE				
							09/64543					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8		1					58					
9		1					59					
0		1					60					
1		1					61					
2		1					62					
3		1					63					
4		1					64					
5		1					65					
6		1					66					
7		1					67					
8		1					68					
9		1					69					
0		1					70					
1		1					71					
2		1					72					
3		1					73					
4		1					74					
5		1					75					
6		1					76					
7		1					77					
8		1					78					
9		1					79					
0		1					80					
1		1					81					
2		1					82					
3		1					83					
4		1					84					
5		1					85					
6		1					86					
7		1					87					
8		1					88					
9		1					89					
0		1					90					
1		1					91					
2		1					92					
3		1					93					
4		1					94					
5		1					95					
6		1					96					
7		1					97					
8		1					98					
9		1					99					
0		1					100					
TOTAL IN. AL	4						TOTAL IND.					
TOTAL DEP.	35						TOTAL DEP.					
TOTAL CLMS	34						TOTAL CLAIMS					

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